PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

0 7023-0100

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY TYPE | | OF | OTHER THAN SMALL ENTITY | |
|--|---|---|--------------|--------------------------------------|--------------|------------------|-------|---|------------------------|-------|-------------------------|--|
| TOTAL CLAIMS | | | 27 | | | | | RATE | FEE | ٦ | RATE | FEE |
| FC | DR . | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FEE | + | OR | BASIC FEE | |
| ТС | TAL CHARGE | ABLE CLAIMS | 27 minus 20= | | · 7 | | | XS 9= | 63 | OR | X\$18= | |
| INE | DEPENDENT C | LAIMS | % minus 3 = | | * 5 | | | X43= | 215 | OR | X86= | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | +145= | . , | OR | +290= | |
| * If the difference in column 1 is less than zero, enter "0" in o | | | | | | column 2 | | TOTAL | 663 | OR | TOTAL | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | |
| _ | | | (Columi | | (Column 3) | | SWALL | CMIIII | - On | SWALL | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUMB PREVIO PAID F | BER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | XS 9= | | OR | X\$18= | |
| AME | Independent | * | Minus | *** | CI AINA | = ' | | X43= | | OR | X86= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | +145= | | OR | +290= | |
| • | | | | | | | | TOTAL | | OR | TOTAL | |
| ADDIT. FEE | | | | | | | | | | | ADDIT FEE | |
| | | (Column 1) CLAIMS | | (Colum | | (Column 3) | 1 - | | | | | |
| ENT B | | REMAINING AFTER AMENDMENT | | NUMB PREVIOU PAID F | ER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT | Total | * | Minus | ** | | = . | | X\$ 9= | | OR | X\$18= | <u>, L. L.</u> |
| AMEI | Incependent | 7 | Minus | *** | | = | | X43= | | OR | X86= | , |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | +145= | | OR | +290= | |
| • | | | | | | | | TOTAL | | L L | TOTAL | - |
| | | | | | | | | DDIT. FEE | w.= | OR , | ADDIT. FEE | |
| | | (Column 1) | | (Colum | | (Column 3) | , | • | | | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | · | HIGHE NUMBE PREVIOL PAID FO | ER JSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| ME | Independent | | Minus | *** | | = · . | | X43= | | t | X86= | |
| | FIRST PRESE | NTATION OF MU | LTIPLE DEP | ENDENT (| CLAIM | | - | 7,10- | - | OR | | |
| * If | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | OR | +290= | |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20." The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |